

Ashland Parks & Recreation Program Registration Forms

After School Program / Summer Day Camp Child Pick Up List

Name: _____ Birth Date: _____ Age: _____ Grade: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Ext.: _____

The names listed below are the only individuals that are allowed to pick up my child / children from the After School Program or Summer Day Camp. I do understand that in order to take custody of the child/children, they must be signed out and a password given to verify the process. If this does not happen, the emergency phone numbers will be called.

These people are allowed to sign out my child/children.

Name: _____ Relation to Child _____

Signature: _____

Name: _____ Relation to Child _____

Signature: _____

Name: _____ Relation to Child _____

Signature: _____

Name: _____ Relation to Child _____

Signature: _____

Name: _____ Relation to Child _____

Signature: _____

Are there any parents who are not allowed to pick up your children? Yes or No

Name: _____ Relation to Child _____

Signature: _____ Date: _____

(Parent or Guardian)

Ashland Parks & Rec., PO Box 517, Ashland, NH 03217

Parent/Child Password for release: _____